

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>101027-55</u>	FILING DATE <u>3</u>
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
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TOTAL IND.	6		0					
TOTAL DEP.	41		41					
TOTAL CLAIMS	47		41					